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PLACE OF BIRTH

1. County of Esila  
District of \_\_\_\_\_  
Town of Miami

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
County Registrar No. 998/1000  
Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Melvin Thadious Green  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth Dec. 18-1924  
Month day year

8. FATHER Full name Mortimer Thadious Green 14. MOTHER Full maiden name Lida May Sanders

9. Residence (Usual place of abode) Miami Ariz. 15. Residence (Usual place of abode) Miami Ariz.  
If nonresident, give place and state

10. Color or race Cauc. 11. Age at last birthday 22 (Years) 16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Weed New Mexico 18. Birthplace (city or place) Fort Thomas Ariz.  
(State or country)

13. Occupation Nature of industry Truck driver 19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born at 3 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. Filed Dec 31, 1924 Filed 1-3, 1925  
Local Registrar. County Registrar.

Registrar.

475-1218-322